tion to identify your	case:							
Latasha Shereece Calloway								
First Name	Middle Name	Last Name						
First Name	Middle Name	Last Name						
ruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA						
8-bk-04517	1							
·	Latasha Shereece First Name	First Name Middle Name First Name Middle Name ruptcy Court for the: MIDDLE DISTRICT OF	Latasha Shereece Calloway First Name Middle Name Last Name First Name Middle Name Last Name ruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	ed schedi	ules atter you file
Pa	t 1: Summarize Your Assets	Policina de la companya de la compa	
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	265,641.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	113,759.72
	1c. Copy line 63, Total of all property on Schedule A/B	\$	379,400.72
Pa	t 2: Summarize Your Liabilities		1
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	308,489.38
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	20,901.00
	Your total liabilities	\$	329,390.38
Par	13: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106) Copy your combined monthly income from line 12 of Schedule I	\$	8,278.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,687.82
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and s	ubmit this form to
Offi	cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information		page 1 of 2

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Best Case Bankruptcy

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,904.69

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	18,695.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	18,695.00

	Il in this information to identify your									
De	ebtor 1 Latasha Sh	ereece Calloway								
3	ebtor 2 pouse, if filing)									
Ur	nited States Bankruptcy Court for the	e: MIDDLE DISTRICT (OF PENNSYLVANIA							
i	5:18-bk-04517					Check if this is	s:			
(11)	known)					An amend	-			
	V.C 1 E 4001		74.4			☐ A supplem 13 income	ent showin as of the fo	ig postpetition c ollowing date:	hapter	
_	Official Form 106I					MM / DD/	YYYY			
	as complete and accurate as pos								12/15	
alle	ouse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment Fill in your employment	On the top of any additi	onal pages, write yo	ur nam	e and	case number (if	known). A	nswer every q	uestion.	
1.	information.		Debtor 1			Debtor	2 or non-fi	ling spouse		
	If you have more than one job, attach a separate page with	Employment status	Employed	■ Employed □ E				Employed		
	information about additional employers.		☐ Not employed			☐ Not e	t employed			
	Include part-time, seasonal, or	Occupation	Bakery		·····					
	self-employed work.	Employer's name	Wegmans			WARRAN WARRANT	***	77		
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed to	nere? 18 mont	ths						
Pai	t 2: Give Details About Mor	nthly Income								
Esti	imate monthly income as of the diuse unless you are separated.		you have nothing to re	port for	any lii	ne, write \$0 in the	space. Inc	lude your non-f	ling	
E sti spou	imate monthly income as of the d	ate you file this form. If y							•	
E sti pou	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo	ate you file this form. If y			employ		on on the lin	nes below. If you	•	
Esti spou f yo	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo	ore than one employer, cothis form.	mbine the information		employ	ers for that perso	on on the lin	nes below. If you	•	
E sti spou	imate monthly income as of the di use unless you are separated. Further or your non-filing spouse have mo e space, attach a separate sheet to List monthly gross wages, salar	ore than one employer, contains form. If your than one employer, contains form. Try, and commissions (becalculate what the monthly	mbine the information	ı for all	employ	yers for that perso	For Deb	nes below. If you otor 2 or ng spouse	•	

Debtor	1	Latasha Shereece Calloway	-	(Case	number (if known)	5:1	8-bk-04	517	
					Fo	r Debtor 1		or Debtor		
c	юр	y line 4 here	4.		\$	2,985.00	\$	on-filing :	spouse N/A	
5. L	ist	all payroll deductions:			******		-			
	a.	Tax, Medicare, and Social Security deductions	5a.		\$	707.00	\$		NI/A	
	b.	Mandatory contributions for retirement plans	5b.		\$		\$ -		N/A	_
	С.	Voluntary contributions for retirement plans	5c.		\$_	0.00	φ \$		N/A	
	d.	Required repayments of retirement fund loans	5d.		\$ -	0.00	\$ \$		N/A	
	e.	Insurance	5e.		\$	0.00	Ψ_ \$		N/A N/A	
5	f.	Domestic support obligations	5f.		\$-	0.00	\$ \$		N/A	
5	g.	Union dues	5g.		\$	0.00	s -		N/A	
	h.	Other deductions. Specify:	5h.		\$_		+ \$~		N/A	
6. A	dН	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.					`-			
		•	6.		\$ _	707.00	\$_		N/A	
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,278.00	\$_		N/A	<u>\</u>
	ist a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		NIZA	
8	b.	Interest and dividends	8b.		*-	0.00	\$ - \$		N/A N/A	
8	C .	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		* \$	2,000.00	\$_ \$		N/A	and and a second a
8	i.	Unemployment compensation	8d.		\$	0.00	\$	*	N/A	
8	€.	Social Security	8e.		\$	0.00	\$		N/A	v***
8		Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	
8	3.	Pension or retirement income	 8g.		\$	0.00	\$		N/A	
81	٦.	Other monthly income. Specify: Foster Income	8h.		\$	4,000.00	٠\$ -		N/A	www.
9. A	dd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	6,000.00	\$		N//	A
		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	5		8,278.00 + \$_		N/A	= \$	8,278.00
In ot D	clu hei o n	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your of friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not a cify:	depei			•				0.00
W	dd rite opli	the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines	ult is t n <i>Liab</i>	the oiliti	con ies a	nbined monthly in and Related <i>Data</i>	come if it	e. 12.	\$	8,278.00
13. D .		ou expect an increase or decrease within the year after you file this form? No.	,						Combi monthl	ned ly income

Official Form 1061

E	I in this informa	ition to identify y	our case:							
De	btor 1	Latasha She	reece Ca	illoway	The state of the s	C	heck	if this is:		
						•		an amended filing		
1	btor 2	-				Ċ		supplement show		apter
(St	oouse, if filing)						1	3 expenses as of t	he following date:	
Un	ited States Bankr	ruptcy Court for the	: MIDDL	E DISTRICT OF PENNSY	LVANIA		N	MM / DD / YYYY		
Ca	se number 5:	18-bk-04517								
(If I	known)	-								
0	fficial Fo	rm 106J								
S	chedule	J: Your	Eynar	1606						
Be inf	as complete a ormation. If m	and accurate as	possible eded, atta	. If two married people and the control of the cont	re filing together, bo form. On the top of	oth are e any add	qual litior	ly responsible for nal pages, write yo	supplying correction name and cas	12/15 ct se
			-	11.						
1.	rt 1: Descr Is this a join	ibe Your House	hold							
١.	•									
	No. Go to			mto bossoch stall						
			ın a separ	ate household?						
		-	et file Offici	al Form 100 LO. Funcione	. f = 0 0 t = 11 t					
		es. Debiol 2 mus	ot me Omo	al Form 106J-2, Expenses	tor Separate Housei	noia of D	epto	r 2.		
2.	Do you have	e dependents?	□ No							
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state								□ No	
	dependents r	names.			Dependent			6	Yes	
					.			_	□ No	
					Dependent		-	7	Yes	
									□ No	
					**************************************			***************************************	☐ Yes	
									□ No	
3.	Do your exp	enses include		No					☐ Yes	
		people other th	nan 🖳	Yes						
	yourself and	l your depender	nts?	163						
		ate Your Ongoir								
exp	imate your ex penses as of a plicable date.	penses as of yo date after the b	our bankri pankrupto	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental Schedule	rm as a <i>J</i> , check	supp the	plement in a Chap box at the top of	ter 13 case to rep the form and fill i	oort n the
Inc	lude expenses	s paid for with n	on-cash	government assistance in	f vou know					
the	value of such	assistance and	have inc	luded it on Schedule I: Y	our Income					
(01	ficial Form 106	51.)				820		Your exper	ises	
4.	The rental or payments and	r home owners! d any rent for the	nip expen e ground o	ses for your residence. In	nclude first mortgage	4.	\$		2,067.82	
	If not include	ed in line 4:					-			
	4a. Real es	state taxes				4a.	\$		0.00	
		ty, homeowner's	, or renter	s insurance		4a. 4b.			0.00	
				pkeep expenses		4c.			0.00	
_		wner's associati				4d.	_		0.00	
5.	Additional m	ortgage payme	nts for yo	ur residence, such as hor	me equity loans	5.	\$	TANK BASINANIA	0.00	

Official Form 106J

Schedule J: Your Expenses

Del	otor 1	Latasha Shereece Calloway	Case nun	nber (if known)	5:18-bk-04517
6.	Utilii	ties:			
	6a.	Electricity, heat, natural gas	6a.	\$	250.00
	6b.	Water, sewer, garbage collection	6b.		250.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	-	0.00
	6d.	Other. Specify:	6d.		305.00
7.	Food	d and housekeeping supplies	7.		0.00
8.		dcare and children's education costs	7. 8.	·	800.00
9.		hing, laundry, and dry cleaning	9.		100.00
10.		onal care products and services	10.	-	150.00
11.	Medi	ical and dental expenses	11.	·	150.00
12.		sportation. Include gas, maintenance, bus or train fare.	11.	J	40.00
	Do n	ot include car payments.	12.	S	500.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.		275.00
14.	Char	itable contributions and religious donations	14.		
	Insu	rance.	, ,,	·	0.00
	Do n	ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.		0.00
		Vehicle insurance	15c.		
	15d.	Other insurance. Specify:	15d.		0.00
16.	Taxe	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			0.00
	Spec	ify:	16.	\$	0.00
17.		liment or lease payments:			0.00
		Car payments for Vehicle 1	17a.	\$	0.00
		Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.		0.00
	17d.	Other, Specify:	17d.		
18.	Your	payments of alimony, maintenance, and support that you did not report as		•	0.00
	dedu	cted from your pay on line 5, Schedule I, Your Income (Official Form 1061)	18.	\$	0.00
19.	Othe	r payments you make to support others who do not live with you.		\$	0.00
	Speci		19.		V.00
20.	Other	r real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: Yo	ur Income.	
	20a.	Mortgages on other property	20a.		0.00
		Real estate taxes	20b.	\$	0.00
		Property, homeowner's, or renter's insurance	20c.	\$	0.00
		Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other	:: Specify: Vet Bills & Pet Supplies			50.00
22	C-1				30.00
22.	220 /	alate your monthly expenses Add lines 4 through 21.	-		The second secon
				\$	4,687.82
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. A	add line 22a and 22b. The result is your monthly expenses.		\$	4,687.82
23	Calcu	late your monthly net income.	L		
	23a	Copy line 12 (your combined monthly income) from Schedule I.	00-	•	
	23h	Copy your monthly expenses from line 22c above.	23a.		8,278.00
	200.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,687.82
	23c	Subtract your monthly expenses from your monthly income.			
	200.	The result is your monthly net income.	23c.	\$	3,590.18
		Jour monthly her months.	200.	T	5,530.10
24.	Do yo	u expect an increase or decrease in your expenses within the year after you	u file this	form?	
	For exa	ample, do you expect to finish paying for your car loan within the year or do you expect your	mortgage p	ayment to increa	se or decrease because of a
	modific	ation to the terms of your mortgage?	- •		
	■ No.				